

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/265,432

FILING DATE

3-10-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6		6		6	
TOTAL DEP.	10		8		8	
TOTAL CLAIMS	16		14		14	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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